

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101598,639

FILING DATE

9-7-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9		1				
10		0				
11		1				
12		0				
13		0				
14		0				
15	1					
16		1				
17		2				
18		0				
19		0				
20		0				
21		0				
22		0				
23		1				
24		1				
25		2				
26		0				
27		0				
28		0				
29		1				
30		0				
31		0				
32		0				
33		0				
34		0				
35		0				
36			1			
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48						
49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	36	←		←		←
TOTAL CLAIMS	38					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53			1			
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97						
98						
99						
100						
TOTAL IND.		↓		↓	2	↓
TOTAL DEP.		←		←	36	←
TOTAL CLAIMS					38	